

United States Bankruptcy Court
Northern District of Illinois

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Alamoodi, Jocelyn M.	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): FKA Jocelyn Lyles	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) xxx-xx-3131	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 2218 W. 80th Place Chicago, IL	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code 60620	ZIP Code
County of Residence or of the Principal Place of Business: Cook	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
ZIP Code	ZIP Code
Location of Principal Assets of Business Debtor (if different from street address above):	

Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		<input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Filing Fee (Check one box) <input type="checkbox"/> Full Filing Fee attached <input checked="" type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).

Statistical/Administrative Information <ul style="list-style-type: none"> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. 										THIS SPACE IS FOR COURT USE ONLY																				
Estimated Number of Creditors <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>OVER 100,000</td> </tr> </table>										<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000							
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Estimated Assets <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>										<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
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Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Alamoodi, Jocelyn M.
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)		
Location Where Filed: NORTHEN	Case Number: 12-30932	Date Filed: 8/03/12
Location Where Filed: NORTHERN	Case Number: 12-09723	Date Filed: 3/12/12
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)		
Name of Debtor: - None -	Case Number:	Date Filed:
District:	Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.	Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b). X /s/ S. M. de Rath, Esq. August 21, 2015 Signature of Attorney for Debtor(s) (Date) S. M. de Rath, Esq. 6206809	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.		
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.		
If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.		
Information Regarding the Debtor - Venue (Check any applicable box)		
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.		
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes)		
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)		
<hr style="width: 20%; margin-left: 0;"/> _____ (Name of landlord that obtained judgment)		
<hr style="width: 20%; margin-left: 0;"/> _____ (Address of landlord)		
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).		

B1 (Official Form 1)(04/13)

Voluntary Petition

(This page must be completed and filed in every case)

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Jocelyn M. AlamoodiSignature of Debtor **Jocelyn M. Alamoodi****X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

August 21, 2015

Date

Signature of Attorney***X /s/ S. M. de Rath, Esq.**

Signature of Attorney for Debtor(s)

S. M. de Rath, Esq. 6206809

Printed Name of Attorney for Debtor(s)

Attorney S.M.de Rath, Esq.

Firm Name

**233 S. Wacker Dr, 84th FL
Chicago, IL 60606**

Address

312-283-8606

Telephone Number

August 21, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Name of Debtor(s):
Alamoodi, Jocelyn M.**Signatures****Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person,or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

01/2012

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

IN RE:

Jocelyn M. Alamoodi)
) Chapter 7
) Bankruptcy Case No.
)
Debtor(s))

**DECLARATION REGARDING ELECTRONIC FILING
PETITION AND ACCOMPANYING DOCUMENTS**

DECLARATION OF PETITIONER(S)

A. [To be completed in all cases]

I(We), Jocelyn M. Alamoodi, the undersigned debtor(s), corporate officer, partner, or member hereby declare under penalty of perjury that (1) the information I(we) have given my (our) attorney is true and correct; (2) I(we) have reviewed the petition, statements, schedules, and other documents being filed with the petition; and (3) the document's are true and correct.

B. [To be checked and applicable only if the petition is for a corporation or other limited liability entity.]

I, _____, the undersigned, further declare under penalty of perjury that I have been authorized to file this petition on behalf of the debtor.

Jocelyn M. Alamoodi

Printed or Typed Name of Debtor or Representative

Jocelyn M. Alamoodi
Jocelyn M. Alamoodi (Aug 21, 2015)

Signature of Debtor or Representative

August 21, 2015

Date

Printed or Typed Name of Joint Debtor

Signature of Joint Debtor

Date

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Alamoodi, Jocelyn M.
<p>Signatures</p> <p>Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><i>Jocelyn M. Alamoodi</i> Jocelyn M. Alamoodi (Aug 22, 2015)</p> <p>X <u>Is/ Jocelyn M. Alamoodi</u> Signature of Debtor Jocelyn M. Alamoodi</p> <p>X _____ Signature of Joint Debtor</p> <p>Telephone Number (If not represented by attorney) August 21, 2015 Date</p> <p>Signature of Attorney*</p> <p>X <u>Is/ S. M. de Rath, Esq.</u> Signature of Attorney for Debtor(s) S. M. de Rath, Esq. 6206809 Printed Name of Attorney for Debtor(s) Attorney S.M.de Rath, Esq. Firm Name 233 S. Wacker Dr, 84th FL Chicago, IL 60606</p> <p>Address 312-283-8606 Telephone Number August 21, 2015 Date</p> <p>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</p> <p>Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Authorized Individual Printed Name of Authorized Individual Title of Authorized Individual Date</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.</i></p>		
<p>Signatures</p> <p>Signature of a Foreign Representative</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ Signature of Foreign Representative</p> <p>Printed Name of Foreign Representative</p> <p>Date</p> <p>Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)</p> <p>Address</p> <p>X _____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person,or partner whose Social Security number is provided above.</p> <p>Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:</p>		

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
Northern District of Illinois**

In re Jocelyn M. Alamoodi

Debtor(s)

Case No.

Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

B 1D (Official Form 1, Exhibit D) (12/09) - Cont.

Page 2

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Jocelyn M. Alamoodi
Jocelyn M. Alamoodi

Date: August 21, 2015

B 1D (Official Form 1, Exhibit D) (12/09) - Cont.

Page 2

- Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
 - Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
 - Active military duty in a military combat zone.
5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor:

Jocelyn M. Alamoodi
(Signature)
/s/ Jocelyn M. Alamoodi

Date: August 21, 2015

**United States Bankruptcy Court
Northern District of Illinois**

In re **Jocelyn M. Alamoodi**,
Debtor

Case No. _____
Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	4	44,708.65		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	1		0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		33,032.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	28		298,508.99	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			592.08
J - Current Expenditures of Individual Debtor(s)	Yes	2			1,049.00
Total Number of Sheets of ALL Schedules		45			
		Total Assets	44,708.65		
			Total Liabilities	331,540.99	

**United States Bankruptcy Court
Northern District of Illinois**

In re **Jocelyn M. Alamoodi**

Case No. _____

Debtor

Chapter _____

7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	33,032.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	52,825.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	85,857.00

State the following:

Average Income (from Schedule I, Line 12)	592.08
Average Expenses (from Schedule J, Line 22)	1,049.00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	423.60

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	33,032.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		298,508.99
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		298,508.99

In re

Jocelyn M. Alamoodi

Case No.

Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Never owned property		-	0.00	0.00
			Sub Total >	0.00

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

In re

Jocelyn M. Alamoodi

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Cash: 875.00 Location: 2218 West 80th Place Chicago , IL 60620	-	875.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking Account: MB Financial Prepaid Debit account Location: MB Financial Bank 8 S State Street Chicago, IL 60601	-	123.65
3. Security deposits with public utilities, telephone companies, landlords, and others.		security deposit with landlord:	-	Unknown
4. Household goods and furnishings, including audio, video, and computer equipment.		Furniture: Cherry Wood Finish Bedroom set Location: 2218 West 80th Place Chicago , IL 60620	-	1,200.00
		Appliances: Nurtibullet GE Juice Pro Location: 2218 West 80th Place Chicago , IL 60620	-	250.00
		Office: Hewlett Packard laptop Location: 2218 West 80th Place Chicago , IL 60620	-	675.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Books-Music: Educational and leisure Location: 2218 West 80th Place Chicago , IL 60620	-	3,500.00
6. Wearing apparel.		Clothes: Apart of daily living Location: 2218 West 80th Place Chicago , IL 60620	-	4,500.00
7. Furs and jewelry.		Furs: 1 Crushed Velvet, Fur Collar coat left to me by my Grandmother. About 40 years older, if not older, coat is dry rotting Location: 2218 West 80th Place Chicago , IL 60620	-	700.00
Sub-Total > (Total of this page)				11,823.65

3 continuation sheets attached to the Schedule of Personal Property

In re

Jocelyn M. Alamoodi

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		Jewelry: 1 Gucci 925 Sterling Silver set 2 Earrings 1 Necklace 1 Bracelet 1 Ring Location: 2218 West 80th Place Chicago , IL 60620	-	850.00
8. Firearms and sports, photographic, and other hobby equipment.		Sports-Hobby: Boxing Gloves (Everlast) Location: 2218 West 80th Place Chicago , IL 60620	-	60.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Retirement: Merrill Lynch 401K acct Location: Merrill Lynch of Bank of America	-	675.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		Tax Refund: IRS - received months ago	-	9,100.00
Sub-Total > (Total of this page)				10,685.00

Sheet 1 of 3 continuation sheets attached
to the Schedule of Personal Property

In re

Jocelyn M. Alamoodi

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		Tax Refund Est: IRS refund Lawsuit against Howard Johnson - slip and fall 2012 L 003069 - 33.3% to 40% to Law Firm contingency contract	-	7,200.00 15,000.00
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
				Sub-Total > (Total of this page) 22,200.00

Sheet 2 of 3 continuation sheets attached
to the Schedule of Personal Property

In re

Jocelyn M. Alamoodi

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **0.00**
(Total of this page)
Total > **44,708.65**

Sheet 3 of 3 continuation sheets attached
to the Schedule of Personal Property

(Report also on Summary of Schedules)

In re Jocelyn M. Alamoodi, Case No. _____
Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

- 11 U.S.C. §522(b)(2)
 11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Cash on Hand			
Cash: 875.00 Location: 2218 West 80th Place Chicago , IL 60620	735 ILCS 5/12-1001(b)	875.00	875.00
Checking, Savings, or Other Financial Accounts, Certificates of Deposit			
Checking Account: MB Financial Prepaid Debit account Location: MB Financial Bank 8 S State Street Chicago, IL 60601	735 ILCS 5/12-1001(b)	123.65	123.65
Household Goods and Furnishings			
Furniture: Cherry Wood Finish Bedroom set Location: 2218 West 80th Place Chicago , IL 60620	735 ILCS 5/12-1001(b)	1,200.00	1,200.00
Appliances: Nurtibullet GE Juice Pro Location: 2218 West 80th Place Chicago , IL 60620	735 ILCS 5/12-1001(b)	50.00	250.00
Office: Hewlett Packard laptop Location: 2218 West 80th Place Chicago , IL 60620	735 ILCS 5/12-1001(b)	440.00	675.00
Books, Pictures and Other Art Objects; Collectibles			
Books-Music: Educational and leisure Location: 2218 West 80th Place Chicago , IL 60620	735 ILCS 5/12-1001(a)	3,500.00	3,500.00
Wearing Apparel			
Clothes: Apart of daily living Location: 2218 West 80th Place Chicago , IL 60620	735 ILCS 5/12-1001(a)	4,500.00	4,500.00
Furs and Jewelry			
Furs: 1 Crushed Velvet, Fur Collar coat left to me by my Grandmother. About 40 years older, if not older, coat is dry rotting Location: 2218 West 80th Place Chicago , IL 60620	735 ILCS 5/12-1001(b)	200.00	700.00
Jewelry: 1 Gucci 925 Sterling Silver set 2 Earrings 1 Necklace 1 Bracelet 1 Ring Location: 2218 West 80th Place Chicago , IL 60620	735 ILCS 5/12-1001(b)	850.00	850.00

In re

Jocelyn M. Alamoodi

Case No. _____

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

(Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Firearms and Sports, Photographic and Other Hobby Equipment			
Sports-Hobby: Boxing Gloves (Everlast) Location: 2218 West 80th Place Chicago , IL 60620	735 ILCS 5/12-1001(b)	60.00	60.00
Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans			
Retirement: Merrill Lynch 401K acct Location: Merrill Lynch of Bank of America	735 ILCS 5/12-1006	675.00	675.00
Other Liquidated Debts Owing Debtor Including Tax Refund			
Tax Refund: IRS - received months ago	735 ILCS 5/12-1001(b)	201.35	9,100.00
Other Contingent and Unliquidated Claims of Every Nature			
Lawsuit against Howard Johnson - slip and fall 2012 L 003069 - 33.3% to 40% to Law Firm contingency contract	735 ILCS 5/12-1001(h)(4)	15,000.00	15,000.00

In re **Jocelyn M. Alamoodi**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL			UNSECURED PORTION, IF ANY
				C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	
Account No.							
			Value \$				
Account No.							
			Value \$				
Account No.							
			Value \$				
Account No.							
			Value \$				
Subtotal (Total of this page)							
Total (Report on Summary of Schedules)				0.00			0.00

0 continuation sheets attached

In re **Jocelyn M. Alamoodi**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

Deposits by individuals

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Jocelyn M. Alamoodi**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	AMOUNT ENTITLED TO PRIORITY
					0.00	
Account No. TICKET NUMBER: YT376707	-	Government Agency MUNICIPAL DEBT		1,250.00		1,250.00
5TH DISTRICT MUNICIPAL COURT- BRIDGEVIEW 10220 S 76TH AVE ATTEN: TRAFFIC DIVISION BRIDGEVIEW, IL 60455	-				0.00	
Account No. REFERENCE 2502155	-	Government Agency PARKING TICKETS.		7,000.00		7,000.00
CITY OF CHICAGO 121 N LASALLE STREET ROOM 107 CHICAGO, IL 60601	-				0.00	
Account No. 60518258	-	Government Agency RED LIGHT CAMERA VIOLATION		250.00		250.00
CITY OF CHICAGO 111 W JACKSON BLD SUITE 600 Chicago, IL 60604	-				0.00	
Account No. FILE NUMBER: 773999	-	Government Agency THIS DEBT OCCURRED FROM A DAMAGED LIGHT POLE THAT WAS STRUCK DURING A WINTER STORM		2,100.00		2,100.00
ILLINOIS DEPARTMENT OF TRANSPORTATION 2300 S DIRKSEN PARKWAY CLAIMS DEPARTMENT SPRINGFIELD, IL 62764	-				0.00	
Account No.	-	03/9/2011				
Internal Revenue Service 230 S Dearborn St, Rm 2650 CHI 5115 Chicago, IL 60604-1505	-	Income Tax 3400 Audit from 2011 tax year	X	3,466.00		3,466.00
Subtotal (Total of this page)				14,066.00	0.00	14,066.00

Sheet 1 of 2 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Jocelyn M. Alamoodi**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM					AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	AMOUNT ENTITLED TO PRIORITY
			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D				
Account No.		03/9/2011			X		3,466.00	0.00	3,466.00
IRS 9999999 Kansas City, KS 99999	-	Income Tax 3400 Audit from 2011 tax year							
Account No. 821243131 SSN		Government Agency DEPARMENT OF MOTOR VEHICLES					2,500.00	0.00	2,500.00
SECRETARY OF STATE 17 N STATE STREET ATTEN: BANKRUPTCY DEPT CHICAGO, IL 60601	-								
Account No. 327705755		Government Agency OVER PAYEMENT DEEMED AS FRAUD BY THE UE DEPT OF SECURITY il			X		6,500.00	0.00	6,500.00
UNEMPLOYMENT SECURITY 33 N STATE STREET cHICAGO, IL 60604	-								
Account No. 327705755		Government Agency OVER PAYEMENT DEEMED AS FRAUD BY THE UE DEPT OF SECURITY il			X		6,500.00	0.00	6,500.00
UNEMPLOYMENT SECURITY 33 N STATE STREET cHICAGO, IL 60604	-								
Account No.									

Sheet 2 of 2 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal (Total of this page)		0.00
		18,966.00
Total (Report on Summary of Schedules)	0.00	33,032.00
		33,032.00

In re Jocelyn M. Alamoodi,
Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 821243131			Medical UNCOVERED HEALTH CARE COST BY INSURANCE				
AESTHETIC DERMATOLOGY 1009 WEST FULTON MARKET CHICAGO, IL 60607	-						250.00
Account No. 6813710				ladt Chicago			
American Collection Systems 811 Green Crest Dr Suite 100 Westerville, OH 43081	-						1,151.00
Account No. LCA234513926940				Other Debt MEDICAL: PERSONAL INJURY			
AMERICAN MEDICAL COLLECTION PO BOX 1235 ELMSFORD, NY 10523	-						138.00
Account No. LCA230313913150				Other Debt MEDICAL: PERSONAL INJURY			
AMERICAN MEDICAL COLLECTION AGENCY PO BOX 1235 ELMSFORD, NY 10523-0935	-						980.00
27 continuation sheets attached				Subtotal (Total of this page)			2,519.00

In re

Jocelyn M. Alamoodi

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
Account No. LCA 234513926940	-	Medical THERE TWO COLLECTION ACCOUNTS WITH THIS CREDITOR. MEDICAL			150.00
AMERICAN MEDICAL COLLECTION AGENCY 4 WESTCHESTER PLAZA SUITE 110 ELMSFORD, NY 10523	-	Medical MEDICAL			950.00
Account No. LCA 230313913150	-	Medical MEDICAL			1,118.00
AMERICAN MEDICAL COLLECTION AGENCY 4 WESTCHESTER PLAZA SUITE 110 ELMSFORD, NY 10523	-	08/1/2008 Other Debt PAYDAY LOAN: PARENTS WERE OUT OF TOWN AND THEY WERE ROBBED			853.37
Account No. 327-70-5755	-	Opened 4/01/09 Collection Attorney Dr. George Bucciero Dpm Pc			120.00
AMERICASH LOANS 105 W MADISON CHICAGO, IL 60602					
Account No. 633971					
Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622					
Sheet no. <u>1</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)			3,191.37

In re

Jocelyn M. Alamoodi

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
Account No. 5178059768737737	-	Opened 4/01/14 Last Active 5/18/15 Credit Card			
Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130					560.00
Account No. 5178058016947213	-	Opened 12/30/11 Last Active 4/12/12 Credit Card			0.00
Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130		Date Opened: 12/11/2014 Last Used: 05/28/2015 Credit Card			523.00
Account No. 10091409	-	Opened 1/01/12 Collection Attorney Southeast Anesthesia Consultan			1,400.00
Certified Services Inc 1733 Washington St Ste 2 Waukegan, IL 60085		Utility Bill ANESTHESIA SERVICES RENDERED DURING SURGERY.			1,500.00
Account No. 10091409	-				
CERTIFIED SERVICES INC PO BOX 177 WAUKEGAN, IL 60079					
Sheet no. 2 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	3,983.00	

In re

Jocelyn M. Alamoodi

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 6852 OR 327705755		Medical HEALTHCARE COST				
CHICAGO CHIROPRACTIC CENTER 30 SOUTH MICHIGAN AVE SUITE 400 Chicago, IL 60603	-					650.00
Account No. 30605		Nine West 701				
Chk Plus Sys 1 Cupsaw Drive Ringwood, NJ 07456	-					132.00
Account No. 31241		Nine West 701				
Chk Plus Sys 1 Cupsaw Drive Ringwood, NJ 07456	-					80.00
Account No. 31090		Nine West 701				
Chk Plus Sys 1 Cupsaw Drive Ringwood, NJ 07456	-					69.00
Account No. XXXX8220		Charge Card DELL COMPUTER ACCOUNT THAT WAS ASSOCIATED WITH A BUSINESS I RAN: LYLES & CO TAX ID : 32-0141622				
CITIBANK (SOUTH DAKOTA) N.A. PO BOX 390846 MAIL STOP SHTX24 MINNEAPOLIS, MN 55339	-					6,000.00
Sheet no. 3 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			6,931.00

In re

Jocelyn M. Alamoodi

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
Account No. REF# 2502155		Other Debt PARKING TICKETS			
CITY OF CHICAGO DEPARTMENT OF FINANCE 121 N LASALLE ATTEN: BANKRUPTCY DEPT CHICAGO, IL 60601	-				6,991.00
Account No. 821243131		07/1/2011 Other Debt EDUCATIONAL DEBT			
CITY COLLEGES OF CHICAGO 226 W JACKSON BLVD ATTN: FINANCE DEPART CHICAGO, IL 60601	-				2,300.00
Account No.		parking tickets			
City of Chicago Department of Revenue, Parking Tick 333 S. State Street Chicago, IL 60602	-				7,000.00
Account No. 327-70-5755		05/1/2011 Personal Loan PI case loan		X	
Client Funding 368 W Huron St #200 Chicago, IL 60601	-				75,000.00
Account No. 327705755		05/1/2010 Utility Bill Utility			
ComEd 3 Lincoln Center Attn: Bkcy Group-Claims Department Oakbrook Terrace, IL 60181	-				700.00
Sheet no. 4 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)			91,991.00

In re

Jocelyn M. Alamoodi

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM			
			CONTINGENT	UNLIQUIDATED	DISPUTED	
Account No. D60485017N1 Commonwealth Financial 245 Main Street Scranton, PA 18519	-	Opened 10/01/14 Collection Attorney Mea-Sullivan				300.00
Account No. D60535851N1 Commonwealth Financial 245 Main Street Scranton, PA 18519	-	Opened 10/01/14 Collection Attorney Mea-Sullivan				241.00
Account No. 61857049 COMPLETE PAYMENT RECOVERY SERVICES 11601 ROOSEVELT BLVD LEGAL DEPT ST PETERSBURG, FL 33716	-	Other Debt DISGUARDED CHECKS FROM FINANCIAL INSTITUTION AND USED IN RETAIL STORE MARSHALLS. COMPLAINT FILED		X		135.00
Account No. 45828481 Credit Coll Po Box 9136 Needham, MA 02494	-	Medical				138.00
Account No. 07 M 105470 CREDIT UNION 1 450 E 22ND STREET SUITE 250 LOMBARD, IL 60148	-	05/14/2007 Other Debt JUDGEMENT FILED IN DISTRICT ONE COURT HOUSE. BRIDGET MAUL IS THE ATTRY FOR THIS CREDITOR				3,848.44
Sheet no. <u>5</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	<u>4,662.44</u>		

In re

Jocelyn M. Alamoodi

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
Account No. 505692 CU RECOVERY INC 26263 FOREST BLVD LEGAL DEPT WYOMING, MN 55092	-	Other Debt CREDIT UNION LOAN			
Account No. 1442043 DENTAL WORKS PO BOX 31583 INDEPENDENCE, OH 44131	-	Medical DENTAL MEDICAL BILL			
Account No. 327705755 Department of Education/Sallie Mae P.O.Box 740351 (800) 722-1300 Atlanta, GA 30348	-	04/15/2008 Student Loan Student loan		X	
Account No. Department of the Treasury Internal Revenue Service P.O.Box 7346 Philadelphia, PA 19101-7346	-	for Information Purposes			Unknown
Account No. 94649658361E00520130220 Dept Of Ed/navient Po Box 9635 Wilkes Barre, PA 18773	-	Opened 2/01/13 Last Active 5/31/15 Educational			0.00
Sheet no. 6 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	3,802.00	

In re **Jocelyn M. Alamoodi**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 94649658361E00920130918		Opened 9/01/13 Last Active 5/31/15 Educational				
Dept Of Ed/navient Po Box 9635 Wilkes Barre, PA 18773	-					3,199.00
Account No. 94649658361E00720130606		Opened 6/01/13 Last Active 5/31/15 Educational				
Dept Of Ed/navient Po Box 9635 Wilkes Barre, PA 18773	-					3,186.00
Account No. 94649658361E00820130918		Opened 9/01/13 Last Active 5/31/15 Educational				
Dept Of Ed/navient Po Box 9635 Wilkes Barre, PA 18773	-					1,820.00
Account No. 94649658361E00120120224		Opened 2/01/12 Last Active 5/31/15 Educational				
Dept Of Ed/navient Po Box 9635 Wilkes Barre, PA 18773	-					1,817.00
Account No. 94649658361E00620130606		Opened 6/01/13 Last Active 5/31/15 Educational				
Dept Of Ed/navient Po Box 9635 Wilkes Barre, PA 18773	-					1,812.00
Sheet no. 7 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			11,834.00

In re **Jocelyn M. Alamoodi**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 94649658361E00420130220		Opened 2/01/13 Last Active 5/31/15 Educational				
Dept Of Ed/navient Po Box 9635 Wilkes Barre, PA 18773	-					1,812.00
Account No. 94649658361E00220120910		Opened 9/01/12 Last Active 5/31/15 Educational				
Dept Of Ed/navient Po Box 9635 Wilkes Barre, PA 18773	-					1,425.00
Account No. D02692797		Opened 3/01/06 Educational				
Devry Inc 814 Commerce Dr Ste 100 Oak Brook, IL 60523	-					Unknown
Account No. 581973277057550		Opened 5/01/06 Last Active 4/24/09 Educational				
Devry Inc 814 Commerce Dr Oak Brook, IL 60523	-					500.00
Account No.						
Division of Traffic Safety Accident Records Division 1340 N 9th St Springfield, IL 62766-0001	-					0.00
Sheet no. 8 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			3,737.00

In re **Jocelyn M. Alamoodi**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	
Account No. 2013 M1 167803	-	Collection for Acme continental				2,377.12
Edelstein & Edelstein 3825 W Montrose (773) 478-0600 Chicago, IL 60618	-					
Account No. 9864074083ED00001	-	Opened 9/27/04 Last Active 1/27/09 Educational				0.00
Edfinancial/esa 120 N Seven Oaks D Knoxville, TN 37922	-					
Account No. 9864074083ED00002	-	Opened 9/27/04 Last Active 1/27/09 Educational				0.00
Edfinancial/esa 120 N Seven Oaks D Knoxville, TN 37922	-					
Account No. 92019280	-	Opened 3/01/14 Collection Attorney Tmobile				796.00
Enhanced Recovery Corp Attention: Client Services 8014 Bayberry Rd Jacksonville, FL 32256	-					
Account No.	-	for notice information purposes only				
Equifax Credit Information Services Bankruptcy Department P.O Box 740241 Atlanta, GA 30374-0241	-					0.00
Sheet no. 9 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			3,173.12

In re

Jocelyn M. Alamoodi

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
Account No. 367331346 ERC COLLECTION 8014 BAYBERRY ROAD JACKSONVILLE, FL 32256	-	Other Debt SPRINT SOLD ACCOUNT TO COLLECTION AGENCY.COMPAANIES ARE NOTORIOUS FOR LISTING 2XS			620.55
Account No. 38394492 Escallate Llc 5200 Stoneham Rd North Canton, OH 44720	-	Opened 11/01/14 Collection Attorney Dentalworks Inc			599.00
Account No. 38365273 Escallate Llc 5200 Stoneham Rd North Canton, OH 44720	-	Opened 10/01/14 Collection Attorney Dentalworks Inc			227.00
Account No. 38394527 Escallate Llc 5200 Stoneham Rd North Canton, OH 44720	-	Opened 11/01/14 Collection Attorney Dentalworks Inc			113.00
Account No. Experian Bankruptcy Dept P.O.Box 2002 Allen, TX 75013	-	for notice information purposes only			0.00
Sheet no. 10 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)			1,559.55

In re **Jocelyn M. Alamoodi**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
Account No. 7929493819FD00008 Fed Loan Serv Po Box 60610 Harrisburg, PA 17106	-	Opened 1/01/09 Last Active 7/31/15 Educational			24,889.00
Account No. 7929493819FD00006 Fed Loan Serv Po Box 60610 Harrisburg, PA 17106	-	Opened 7/01/11 Last Active 7/31/15 Educational			3,824.00
Account No. 7929493819FD00005 Fed Loan Serv Po Box 60610 Harrisburg, PA 17106	-	Opened 7/01/11 Last Active 7/31/15 Educational			3,104.00
Account No. 7929493819FD00003 Fed Loan Serv Po Box 60610 Harrisburg, PA 17106	-	Opened 5/01/11 Last Active 7/31/15 Educational			1,960.00
Account No. 7929493819FD00001 Fed Loan Serv Po Box 60610 Harrisburg, PA 17106	-	Opened 8/01/10 Last Active 2/01/11 Educational			0.00
Sheet no. 11 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	33,777.00	

In re **Jocelyn M. Alamoodi**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 7929493819FD00002		Opened 8/01/10 Last Active 12/01/10 Educational				
Fed Loan Serv Po Box 60610 Harrisburg, PA 17106	-					0.00
Account No. 7929493819FD00004		Opened 5/01/11 Last Active 6/01/11 Educational				
Fed Loan Serv Po Box 60610 Harrisburg, PA 17106	-					0.00
Account No. 7929493819		Student Loan - not authorized by debtor - \$31,000		X		Unknown
FED LOAN US DEPARTMENT OF EDUCATION PO BOX 530210 ATLANTA, GA 30353	-					
Account No. 5178007903457745		Opened 9/01/09 Last Active 9/25/09 Credit Card				
First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104	-					533.00
Account No. 28209488		Student Loan SCHOOL LOAN				
GENERAL REVENUE CORPORATION PO BOX 49599 STUDENT BILLING CINCINNATI, OH 45249	-					750.00
Sheet no. 12 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	1,283.00		

In re

Jocelyn M. Alamoodi

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	
Account No. LYLJ221814		Opened 12/27/10 Last Active 5/02/11 Returned Check				
Global Pymt Po Box 61158 Chicago, IL 60666	-					179.00
Account No. ALAJ2218		Opened 10/31/13 Last Active 4/16/14 Returned Check				
Global Pymt Po Box 61158 Chicago, IL 60666	-					144.00
Account No. ALAJ820901		Opened 6/26/10 Last Active 10/19/10 Returned Check				
Global Pymt Po Box 61158 Chicago, IL 60666	-					130.00
Account No. G002ENL2021365342		01 Enterprise Lombard				
Greentree Po Box 460700 Escondido, CA 92046	-					0.00
Account No. 1652360		02/20/2014 Other Debt INSURANCE PLAN THROUGH EMPLOYER AT THE TIME DID NOT COVER LABS DONE BY MD				
HEALTH LAB 25 NORTH WINFIELD ROAD ATTEN: CENTRAL DUPAGE ACCOUNTS DEPT WINFIELD, IL 60190	-					1,663.75
Sheet no. 13 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			2,116.75

In re

Jocelyn M. Alamoodi

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM			
			CONTINGENT	UNLIQUIDATED	DISPUTED	
Account No. 405829001 Honor Finance 1731 Central St Evanston, IL 60201	-	Opened 8/01/10 Last Active 10/15/14 Automobile				6,666.00
Account No. 3005829001 Honor Finance 1731 Central St Evanston, IL 60201	-	Opened 8/01/10 Last Active 8/28/11 Automobile				6,666.00
Account No. 5489555195434859 Hsbc Bank Po Box 9 Buffalo, NY 14240	-	Opened 1/01/09 Last Active 2/17/09 Credit Card				0.00
Account No. P1039572 IL BONE AND JOINT INSTITUTE 5057 PAYSPHERE CIRCLE CHICAGO, IL 60674	-	09/21/2007 Other Debt MEDICAL BILLS: INJURY				213.00
Account No. P1039572 IL BONE AND JOINT INSTITUTE 5057 PAYSPHERE CIRCLE CHICAGO, IL 60674	-	Utility Bill HEALTHCARE COST NOT COVERED				250.00
Sheet no. 14 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			13,795.00

In re

Jocelyn M. Alamoodi

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C	O	D	
Account No.						
II Dept of Human Services 100 South Grand Ave East (800) 843-6154 Springfield, IL 62762		-				0.00
Account No.		notice purposes				
II Dept of Transportation Div of Trans/ Crash Records Section 130 North 9th St Springfield, IL 62766-0020		-				0.00
Account No. FILE NUMBER: 4646955		12/31/2011				
ILLINOIS DEPARTMENT OF REVENUE PO BOX 3044 DEPT HOVS 037 LIVONIA, MI 48151		Other Tax STATE OF IL TAX DEBT		X		550.00
Account No.		toll violations				
Illinois Tollway 2700 Ogden Ave Downers Grove, IL 60515		-				567.00
Account No. 15666654		Medical MEDICAL LIEN				
JAMES T. GATELY 8233 W 185TH STREET TINLEY PARK, IL 60487		-				650.00
Sheet no. 15 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			1,767.00

In re

Jocelyn M. Alamoodi

Case No.

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

Sheet no. 16 of 27 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

22-122-12

In re **Jocelyn M. Alamoodi**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 124800		Other Debt CAR LOAN			X	18,910.02
MARKOFF LAW LLC 29 NORTH WACKER DRIVE SUITE 500 Chicago, IL 60606	-					
Account No. 18517		03/30/2010 Medical Physical therapy for injury				2,636.00
Maximum 12021 S. Harlem Ave PALOS HEIGHTS, IL 60463	-					
Account No. 3538704		The Kroger Co				326.00
Meade & Assc 737 Enterprise Dr Westerville, OH 43081	-					
Account No. 3538576		The Kroger Co				171.00
Meade & Assc 737 Enterprise Dr Westerville, OH 43081	-					
Account No. 3538575		The Kroger Co				54.00
Meade & Assc 737 Enterprise Dr Westerville, OH 43081	-					
Sheet no. 17 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)		22,097.02	

In re **Jocelyn M. Alamoodi**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 3538704		Opened 2/01/14 Collection Attorney The Kroger Co				
Meade & Associates 5500 New Albany Rd New Albany, OH 43054	-					326.00
Account No. 3538576		Opened 2/01/14 Collection Attorney The Kroger Co				
Meade & Associates 5500 New Albany Rd New Albany, OH 43054	-					171.00
Account No. 3538575		Opened 2/01/14 Collection Attorney The Kroger Co				
Meade & Associates 5500 New Albany Rd New Albany, OH 43054	-					54.00
Account No. A1514700102		Medical MEDICAL BILL				
MERCY MEDICAL CENTER 2525 SOUTH MICHIGAN AVE Chicago, IL 60616	-					150.00
Account No. 22106546116		Opened 8/20/07 Last Active 1/20/10 Secured Credit Card				
Metabank-ultravx Visa 6550 S. Millrock Salt Lake City, UT 84121	-					0.00
Sheet no. 18 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)		701.00	

In re **Jocelyn M. Alamoodi**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 411748645519		Opened 1/01/15 Collection Attorney Prairie State College				
Midstate Collection So Po Box 3292 Champaign, IL 61826	-					1,517.00
Account No. 821-24-3131		Other Debt THIS IS THE COLLECTION AGENCY FOR PRAIRIE STATE COLLECTION AS REF ABOVE				
MIDSTATE COLLECTIONS PO BOX 3292 C/O PRAIRIE STATE COLLEGE CHAMPAIGN, IL 61826	-					2,000.00
Account No. 1557023		04 Village Of Lansing Amb				
Municollofam 3348 Ridge Road Lansing, IL 60438	-					378.00
Account No. LYLJ221814		Opened 12/01/10 Last Active 5/02/11				
Ndc Ck Svc Po Box 661158 Chicago, IL 60666	-					179.00
Account No. ALAJ2218		Opened 10/01/13 Last Active 4/16/14				
Ndc Ck Svc Po Box 661158 Chicago, IL 60666	-					144.00
Sheet no. 19 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)		4,218.00	

In re **Jocelyn M. Alamoodi**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. LYLJ221813		Opened 12/01/10 Last Active 5/02/11				
Ndc Ck Svc Po Box 661158 Chicago, IL 60666	-					144.00
Account No. ALAJ820901		Opened 6/01/10 Last Active 10/19/10				
Ndc Ck Svc Po Box 661158 Chicago, IL 60666	-					130.00
Account No. 1067647		Utility Bill HEALTHCARE CHARGE. UNSURE WHY THIS WAS EVEN CHARGED				
NEUROLOGY ASSOCIATES LTD PO BOX 1187 HARVEY, IL 60426	-					30.00
Account No. J7342 2013 M1 147842		Opened 6/01/11 Last Active 12/30/11				
Nicholas Financial Inc 2454 McMullen Booth Bldg Clearwater, FL 33759	-	Automobile - judgment				12,408.16
Account No.		Utilities				
Nicor Gas Bankruptcy Dept POB 2020 Aurora, IL 60507-0310	-					200.00
Sheet no. 20 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			12,912.16

In re **Jocelyn M. Alamoodi**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	
Account No. 3445313		Medical HEALTHCARE. NON COVERED BY INSURANCE				1,300.00
NORTHWESTERN MEDICINE 28155 NETWORK PLACE CHICAGO, IL 60673	-					
Account No. XXXXXXXXXXXX4859		Credit Card MASTERCARD THROUGH HBSC BANK			X	3,342.11
ORCHARD BANK HSBC PO BOX 12914 DISPUTES DEPARTMENT NORFOLK, VA 23502	-					
Account No.		05/1/2010				
People Gas 200 W Randolph Customer service Chicago, IL 60601	-	Utility Bill Utility				600.00
Account No.		utilities				
Peoples Gas Chicago, IL 60687-0001	-					300.00
Account No. 994200382205		Opened 12/01/13				
Portfolio Recovery Ass 287 Independence Virginia Beach, VA 23462	-	Factoring Company Account Sallie Mae Bank				10,026.00
Sheet no. 21 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			15,568.11

In re

Jocelyn M. Alamoodi

Case No.

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C TO R	Husband, Wife, Joint, or Community	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 5489555195434859	-	Opened 3/01/10 Factoring Company Account Hsbc Bank Nevada N.A.				3,342.00
Portfolio Recovery Ass 287 Independence Virginia Beach, VA 23462						
Account No. 5178058016947213	-	Opened 11/01/14 Factoring Company Account Capital One Bank Usa N.A.				443.00
Portfolio Recovery Ass 287 Independence Virginia Beach, VA 23462						
Account No. 821-24-3131	-	09/1/2013 Other Debt Bookstore and tuition balance uncovered due to medical withdrawal				2,500.00
Prairie State College 202 S Halsted Atten: Business Office Chicago Heights, IL 60411						
Account No. 6010125368	-	Opened 9/01/10 Returned Check Safelite Autoglass				307.00
Recovery One Llc 3240 Henderson Rd Columbus, OH 43220						
Account No. LYLES 327-70-5755	-	Student Loan EDUCATIONAL S				300.00
ROBERT MORRIS UNIVERSITY 181 MONTOUR RUN ROAD CORAOPOLIS, PA 15108-9408						

Sheet no. 22 of 27 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

6,892.00

In re

Jocelyn M. Alamoodi

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
Account No. 327705755PER24A	-	Opened 2/16/05 Last Active 1/29/09 Educational			0.00
Robert Morris 401 S State St Lbby 140 Chicago, IL 60605					
Account No. 5029350455020508	-	Opened 7/01/06 Last Active 12/13/13 Educational			Unknown
Sallie Mae Po Box 9655 Wilkes Barre, PA 18773					
Account No.	-	for Information Purposes			
Secretary of State Drivers Services Depart, Traffic V 2701 S. Dirksen Pwy Springfield, IL 62723-0001					0.00
Account No. 755883253	-	Opened 11/01/07 Last Active 1/21/09 Educational			
Slm Entities/gleisi Great Lakes Borrow Services Po Box 7860 Madison, WI 53707					0.00
Account No. 327705755883253	-	Opened 11/02/07 Last Active 1/21/09 Educational			
Slm Entities/gleisi Great Lakes Borrow Services Po Box 7860 Madison, WI 53707					0.00
Sheet no. 23 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)			0.00

In re **Jocelyn M. Alamoodi**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 99420038221000720060818		Opened 8/01/06 Last Active 1/21/09 Educational				
Slm Financial Corp 11100 Usa Pkwy Fishers, IN 46037	-					0.00
Account No. 99420038221000820060818		Opened 8/01/06 Last Active 1/21/09 Educational				
Slm Financial Corp 11100 Usa Pkwy Fishers, IN 46037	-					0.00
Account No. 99420038221000920061116		Opened 11/01/06 Last Active 1/21/09 Educational				
Slm Financial Corp 11100 Usa Pkwy Fishers, IN 46037	-					0.00
Account No. 99420038221000320060421		Opened 4/01/06 Last Active 1/21/09 Educational				
Slm Financial Corp 11100 Usa Pkwy Fishers, IN 46037	-					0.00
Account No. 99420038221000420060421		Opened 4/01/06 Last Active 1/21/09 Educational				
Slm Financial Corp 11100 Usa Pkwy Fishers, IN 46037	-					0.00
Sheet no. 24 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)		0.00	

In re

Jocelyn M. Alamoodi

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 327-70-5755	-	Other Debt CAR LOAN WITH HONOR FINANCE FOR 2002 MERCEDES KOMPRESSOR SPORT		X	6,800.00
SPM CAPITAL LLC 3501 W ALGONQUIN ROAD LEGAL DEPT STE 340 ROLLING MEADOWS, IL 60008		Utility Bill		X	700.00
Account No.	-	03/21/2010 Medical ER ADMITTANCE IN MARCH OF 2010			4,000.00
ST MARGARET MERCY HEALTHCARE CENTERS 5454 HOHMAN AVE MEDICAL RECORDS / BILLING HAMMOND, IN 46320		uemployment benefits			0.00
Account No.	-	for notice information purposes only			0.00
State of Illinois Dept. Employment Security POBox 4385 Benefit repayments Chicago, IL 60680-4385					
TransUnion Bankruptcy Department P.O.Box 1000 Chester, PA 19022					
Sheet no. <u>25</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)			11,500.00

In re

Jocelyn M. Alamoodi

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
Account No. 13457703	-	Other Debt			346.01
TRS RECOVERY PO BOX 173809 DENVER, CO 80217					
Account No. 327705755	-	Medical Bills that they did not submit to my Lawyer appropriately regarding case			2,500.00
UIC Medical Center 1701 W Taylor street Chicago, IL 60629					
Account No. 327705755	-	Medical Bills that they did not submit to my Lawyer appropriately regarding case			2,500.00
UIC Medical Center 1701 W Taylor street Chicago, IL 60629					
Account No. 74050741	-	Medical MEDICAL BILLS OF WHICH WERE NOT COVERED BY MEDICAL INSURANCE *ALL MEDICALS*			5,000.00
UIC MEDICAL CENTER 1801 W TAYLOR MEDICAL RECORDS / BILLING Chicago, IL 60619					
Account No. 9037557753	-	Opened 4/01/10 Unsecured			0.00
University Of Phoenix 4615 E Elwood St Fl 3 Phoenix, AZ 85040					
Sheet no. 26 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	10,346.01	

In re

Jocelyn M. Alamoodi

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	
Account No. 700001867633861	-	Opened 1/16/09 Last Active 2/13/12 Educational				0.00
Us Dep Ed Po Box 5609 Greenville, TX 75403						
Account No. 700001867633761	-	Opened 1/16/09 Last Active 2/13/12 Educational				0.00
Us Dep Ed Po Box 5609 Greenville, TX 75403						
Account No. 3277057551	-	Opened 1/16/09 Last Active 9/30/11 Educational				0.00
Us Dep Ed Po Box 5609 Greenville, TX 75403						
Account No. 327-70-5755	-	Medical MEDICAL				750.00
WOMAN TO WOMAN HEALTHCARE 41 EAST 8TH STREET CHICAGO, IL 60601						
Account No.						
Sheet no. 27 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			750.00
			Total (Report on Summary of Schedules)			298,508.99

In re

Jocelyn M. Alamoodi

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

Landlord

residential lease

0

_____ continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

In re

Jocelyn M. Alamoodi

Case No. _____

Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

continuation sheets attached to Schedule of Codebtors

Fill in this information to identify your case:

Debtor 1	<u>Jocelyn M. Alamoodi</u>
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the:	<u>NORTHERN DISTRICT OF ILLINOIS</u>
Case number (If known)	_____

Check if this is:

- An amended filing
 A supplement showing post-petition chapter 13 income as of the following date:
 MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	Pharmacy Technician @\$10.59/hr	
Employer's name	Walgreens	ex-Spouse Saeed Alamoodi
Employer's address	7901 S Western Ave Pharmacy Chicago, IL 60620	

How long employed there? 2 Years, 6 Months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>243.86</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>243.86</u>	\$ <u>0.00</u>

Debtor 1 Jocelyn M. Alamoodi

Case number (if known)

Copy line 4 here	For Debtor 1	For Debtor 2 or non-filing spouse
5. List all payroll deductions:	4. \$ <u>243.86</u>	\$ <u>0.00</u>
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>26.78</u>	\$ <u>0.00</u>
5b. Mandatory contributions for retirement plans	5b. \$ <u>0.00</u>	\$ <u>0.00</u>
5c. Voluntary contributions for retirement plans	5c. \$ <u>0.00</u>	\$ <u>0.00</u>
5d. Required repayments of retirement fund loans	5d. \$ <u>0.00</u>	\$ <u>0.00</u>
5e. Insurance	5e. \$ <u>0.00</u>	\$ <u>0.00</u>
5f. Domestic support obligations	5f. \$ <u>0.00</u>	\$ <u>0.00</u>
5g. Union dues	5g. \$ <u>0.00</u>	\$ <u>0.00</u>
5h. Other deductions. Specify: _____	5h.+ \$ <u>0.00</u>	+ \$ <u>0.00</u>
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <u>26.78</u>	\$ <u>0.00</u>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <u>217.08</u>	\$ <u>0.00</u>
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <u>0.00</u>	\$ <u>0.00</u>
8b. Interest and dividends	8b. \$ <u>0.00</u>	\$ <u>0.00</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <u>0.00</u>	\$ <u>0.00</u>
8d. Unemployment compensation	8d. \$ <u>0.00</u>	\$ <u>0.00</u>
8e. Social Security	8e. \$ <u>0.00</u>	\$ <u>0.00</u>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: <u>food stamps</u>	8f. \$ <u>375.00</u>	\$ <u>0.00</u>
8g. Pension or retirement income	8g. \$ <u>0.00</u>	\$ <u>0.00</u>
8h. Other monthly income. Specify: _____	8h.+ \$ <u>0.00</u>	+ \$ <u>0.00</u>
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <u>375.00</u>	\$ <u>0.00</u>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <u>592.08</u>	+ \$ <u>0.00</u> = \$ <u>592.08</u>
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ <u>0.00</u>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ <u>592.08</u>	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: <u>Employer Walgreens, Change: Hours vary from month to month depending on the Budget allotment of the Store performance.</u>		

Fill in this information to identify your case:

Debtor 1	Jocelyn M. Alamoodi
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS
Case number (If known)	

Check if this is:

- An amended filing
 A supplement showing post-petition chapter 13 expenses as of the following date:
MM / DD / YYYY
 A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2.

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **0.00**

Your expenses

- If not included in line 4:
- 4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	0.00
4b. \$	0.00
4c. \$	50.00
4d. \$	0.00
5. \$	0.00

Debtor 1 Jocelyn M. Alamoodi

Case number (if known) _____

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ <u>100.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>0.00</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>150.00</u>
	6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>300.00</u>	
8. Childcare and children's education costs	8. \$ <u>0.00</u>	
9. Clothing, laundry, and dry cleaning	9. \$ <u>80.00</u>	
10. Personal care products and services	10. \$ <u>34.00</u>	
11. Medical and dental expenses	11. \$ <u>25.00</u>	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>150.00</u>	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>50.00</u>	
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>0.00</u>	
15b. Health insurance	15b. \$ <u>0.00</u>	
15c. Vehicle insurance	15c. \$ <u>0.00</u>	
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>	
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>	
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>	
17c. Other. Specify: _____	17c. \$ <u>0.00</u>	
17d. Other. Specify: _____	17d. \$ <u>0.00</u>	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18. \$ <u>0.00</u>	
19. Other payments you make to support others who do not live with you. Specify: _____	\$ <u>0.00</u>	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. Other: Specify: <u>MANICURE</u>	21. +\$ <u>30.00</u>	
<u>PEDICURE</u>	+ <u>30.00</u>	
<u>HAIRCUT</u>	+ <u>50.00</u>	
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	\$ <u>1,049.00</u>	
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>592.08</u>	
23b. Copy your monthly expenses from line 22 above.	23b. -\$ <u>1,049.00</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	\$ <u>-456.92</u>	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.		
Explain: _____		

**United States Bankruptcy Court
Northern District of Illinois**

In re Jocelyn M. Alamoodi

Debtor(s)

Case No.

Chapter

7

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 47 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date August 21, 2015Signature /s/ Jocelyn M. AlamoodiJocelyn M. Alamoodi

Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

B6 Declaration (Official Form 6 - Declaration). (12/07)

**United States Bankruptcy Court
Northern District of Illinois**

In re Jocelyn M. Alamoodi

Debtor(s)

Case No.
Chapter

7

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 47 sheets, and that they are true and correct to the best of my knowledge, information, and belief.


Jocelyn M. Alamoodi (Aug 22, 2015)

Date August 21, 2015

Signature /s/ Jocelyn M. Alamoodi

Jocelyn M. Alamoodi
Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Northern District of Illinois

In re **Jocelyn M. Alamoodi**

Debtor(s)

Case No.
Chapter

7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

- None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$456.10	2015 Walgreens
\$1,883.46	2014 Walgreens
\$756.00	2013 Walgreens

2. Income other than from employment or operation of business

- None State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$0.00	2012: amount? Government Benefits: Welfare/Public Aid entitlement: Food Stamps/Link card at \$??

B7 (Official Form 7) (04/13)

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AMOUNT	SOURCE
\$0.00	2011: amount? Government Benefits: Welfare/Public Aid entitlement: Food Stamps/Link card at \$?
\$0.00	2009: amount? Government Benefits: Welfare/Public Aid entitlement: Food Stamps/Link card
\$0.00	2013: amount? Government Benefits: Welfare/Public Aid entitlement: Food Stamps/Link card at \$??

3. Payments to creditors

None Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Capital One virgina Virginga Beach, VA 75621	3/19/15, 4/19/15, 5/19/15, 6/1/15	\$700.00	\$523.00

None b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER vs Debtor (See schedule F for details)	NATURE OF PROCEEDING Breach of Contracts - failure to pay for goods and services rendered	COURT OR AGENCY AND LOCATION Daley Center, Circuit Court of Cook County, Illinois	STATUS OR DISPOSITION Judgments
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* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B7 (Official Form 7) (04/13)

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CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
12 L 003069 Jocelyn Alamoodi vs Howard Johnson	Slip and fall PI case	Circuit Court of Cook County, Illinois	Pending
2013 ACME CONTINENTAL VS JACELYN ALAMOODI		CIRCUIT COURT OF COOK COUNTY ILLINOIS	
2013 NICHOLAS FINANCIAL VS COCELYN ALAMOODI	BREACH OF CONTRACT	CIRCUIT COURT OF COOK COUNTY ILLINOIS	
2012 M1 015920 STATE FARM VS JOCELYN ALAMOODI	ACCIDENT	CIRCUIT COURT OF COOK COUNTY ILLINOIS	
2011 M1 500898 BELL PRO CONSTRUCTION VS JOCELYN ALAMOODI	BREACH	CIRCUIT COURT OF COOK COUNTY IL	

- None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

- None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

- None a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

- None List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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B7 (Official Form 7) (04/13)

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NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
RED CROSS 1755 W HARRISON CHICAGO, IL 60604	VOLUNTEER		DONATION THAT RED CROSS VOLUNTEERS CAN DONATE ON GOODWILL Value: 250.00

8. Losses

- None List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
IDENTITY THEFT IN 2011 Value: 100000	INFORMATION STOLEN FROM TJ MAX COMPUTER WALLET STOLEN AS WELL POLICE REPORT AVAILABLE	

9. Payments related to debt counseling or bankruptcy

- None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Bankruptcy Court Northern Dist. IL 219 S Dearborn Street 7th Floor Chicago, IL 60604	Debtor timely pays directly the Bankruptcy Court Filing fee in money order(s) pursuant to Court Rules and/or Order.	\$335 Court Filing Fee debtor pays with a separate money order for \$335 made out to "US Bankruptcy Court" (which is separate and not included in the \$550 Law Firm Attorneys fees)
Credit Counseling provider	debtor pays directly to the Credit Counseling Course provider they choose	\$25-60 Credit Counseling Course - debtor chooses his/her provider, each provider charges different amounts for their services.
Law Firm Attorney Fees		\$550 Law Firm Attorneys fees for Chapter 7 Bankruptcy pursuant to contract.
Financial Management Course provider	debtor pays directly to Debtor Education/Financial Management provider they choose	\$15-60 Financial Management Debtor Education Course provider, debtor chooses his/her provider, each provider charges different amounts for their services.

10. Other transfers

- None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFeree, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
None <input checked="" type="checkbox"/> b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.		
NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

11. Closed financial accounts

- None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

- None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

- None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

- None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

- None If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

16. Spouses and Former Spouses

- None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18 . Nature, location and name of business

None

- a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

LAST FOUR DIGITS OF

SOCIAL-SECURITY OR

OTHER INDIVIDUAL

TAXPAYER-I.D. NO.

NAME

(ITIN)/ COMPLETE EIN

Lyles and Co

32-1401622

ADDRESS

2218 West 80th Place
Floor 1
Chicago, IL 60620

NATURE OF BUSINESS

Consulting

BEGINNING AND

ENDING DATES

03/21/2008

None

- b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

- a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None

- b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None

- c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None

- d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

- None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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- None b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
-------------------	--

21 . Current Partners, Officers, Directors and Shareholders

- None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
------------------	--------------------	------------------------

- None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
------------------	-------	---

22 . Former partners, officers, directors and shareholders

- None a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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- None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporation

- None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

- None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------------	--------------------------------------

25. Pension Funds.

- None If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * *

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date August 21, 2015

Signature /s/ Jocelyn M. Alamoodi
Jocelyn M. Alamoodi
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B7 (Official Form 7) (04/13)

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25. Pension Funds.

- None If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * *

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.


Jocelyn M. Alamoodi (Aug 21, 2015)

Date August 21, 2015

Signature /s/ Jocelyn M. Alamoodi
Jocelyn M. Alamoodi
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B8 (Form 8) (12/08)

**United States Bankruptcy Court
Northern District of Illinois**

In re Jocelyn M. Alamoodi

Debtor(s)

Case No.
Chapter

7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1		
Creditor's Name: -NONE-	Describe Property Securing Debt:	
Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained		
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).		
Property is (check one): <input type="checkbox"/> Claimed as Exempt	<input type="checkbox"/> Not claimed as exempt	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: -NONE-	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date August 21, 2015

Signature /s/ Jocelyn M. Alamoodi
Jocelyn M. Alamoodi
Debtor

B8 (Form 8) (12/08)

**United States Bankruptcy Court
Northern District of Illinois**

In re Jocelyn M. Alamoodi

Debtor(s)

Case No.
Chapter

7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: -NONE-	Describe Property Securing Debt:
Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: -NONE-	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.


Jocelyn M. Alamoodi (Aug 22, 2015)

Date August 21, 2015

Signature /s/ Jocelyn M. Alamoodi
Jocelyn M. Alamoodi
Debtor

**United States Bankruptcy Court
Northern District of Illinois**

In re **Jocelyn M. Alamoodi**

Debtor(s)

Case No.
Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ <u>550.00</u>
Prior to the filing of this statement I have received	\$ <u>550.00</u>
Balance Due	\$ <u>0.00</u>

2. \$ 0.00 of the filing fee has been paid.
3. The source of the compensation paid to me was:

Debtor Other (specify):

4. The source of compensation to be paid to me is:

Debtor Other (specify):

5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: August 21, 2015

/s/ S. M. de Rath, Esq.

S. M. de Rath, Esq. 6206809
Attorney S.M.de Rath, Esq.
233 S. Wacker Dr, 84th FL
Chicago, IL 60606
312-283-8606

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS**

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

B 201B (Form 201B) (12/09)

**United States Bankruptcy Court
Northern District of Illinois**

In re Jocelyn M. Alamoodi

Debtor(s)

Case No.
Chapter 7

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Jocelyn M. Alamoodi

Printed Name(s) of Debtor(s)

Case No. (if known) _____

/s/ Jocelyn M. Alamoodi

Signature of Debtor

August 21, 2015

Date

X

Signature of Joint Debtor (if any)

Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

B 201B (Form 201B) (12/09)

**United States Bankruptcy Court
Northern District of Illinois**

In re Jocelyn M. Alamoodi

Debtor(s)

Case No.
Chapter

7

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Jocelyn M. Alamoodi

Printed Name(s) of Debtor(s)

Jocelyn M. Alamoodi
Jocelyn M. Alamoodi Aug 22, 2015

I/We Jocelyn M. Alamoodi

Signature of Debtor

August 21, 2015

Date

Case No. (if known) _____

Signature of Joint Debtor (if any)

Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court
Northern District of Illinois**

In re Jocelyn M. Alamoodi

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: 110

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: August 21, 2015

/s/ Jocelyn M. Alamoodi

Jocelyn M. Alamoodi

Signature of Debtor

**United States Bankruptcy Court
Northern District of Illinois**

In re Jocelyn M. Alamoodi

Debtor(s)

Case No.
Chapter

7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: 110

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.


Jocelyn M. Alamoodi (Aug 22, 2015)

Date: August 21, 2015

/s/ Jocelyn M. Alamoodi
Jocelyn M. Alamoodi
Signature of Debtor

**United States Bankruptcy Court
Northern District of Illinois**

In re Jocelyn M. Alamoodi, Case No. _____
Debtor Chapter 7

Numbered Listing of Creditors

Creditor name and mailing address	Category of Claim	Amount of Claim
1. 5TH DISTRICT MUNICIPAL COURT-BRIDGEVIEW 10220 S 76TH AVE ATTEN: TRAFFIC DIVISION BRIDGEVIEW, IL 60455	Mobility claims	1,250.00
2. AESTHETIC DERMATOLOGY 1009 WEST FULTON MARKET CHICAGO, IL 60607	Unsecured claims	250.00
3. American Collection Systems 811 Green Crest Dr Suite 100 Westerville, OH 43081	Unsecured claims	1,151.00
4. AMERICAN MEDICAL COLLECTION PO BOX 1235 ELMSFORD, NY 10523	Unsecured claims	138.00
5. AMERICAN MEDICAL COLLECTION AGENCY PO BOX 1235 ELMSFORD, NY 10523-0935	Unsecured claims	980.00
6. AMERICAN MEDICAL COLLECTION AGENCY 4 WESTCHESTER PLAZA SUITE 110 ELMSFORD, NY 10523	Unsecured claims	150.00
7. AMERICAN MEDICAL COLLECTION AGENCY 4 WESTCHESTER PLAZA SUITE 110 ELMSFORD, NY 10523	Unsecured claims	950.00
8. AMERICAN MEDICAL COLLECTION AGENCY PO BOX 1235 ELMSFORD, NY 10523	Unsecured claims	1,118.00
9. AMERICASH LOANS 105 W MADISON CHICAGO, IL 60602	Unsecured claims	853.37
10. Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622	Unsecured claims	120.00
11. Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	Unsecured claims	560.00

In re Jocelyn M. Alamoodi

Case No. _____

Debtor

Numbered Listing of Creditors
(Continuation Sheet)

Creditor name and mailing address	Category of Claim	Amount of Claim
12. Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	Unsecured claims	0.00
13. Capital One virgina Virginga Beach, VA 75621	Unsecured claims	523.00
14. Certified Services Inc 1733 Washington St Ste 2 Waukegan, IL 60085	Unsecured claims	1,400.00
15. CERTIFIED SERVICES INC PO BOX 177 WAUKEGAN, IL 60079	Unsecured claims	1,500.00
16. CHICAGO CHIROPRACTIC CENTER 30 SOUTH MICHIGAN AVE SUITE 400 CHICAGO, IL 60603	Unsecured claims	650.00
17. Chk Plus Sys 1 Cupsaw Drive Ringwood, NJ 07456	Unsecured claims	132.00
18. Chk Plus Sys 1 Cupsaw Drive Ringwood, NJ 07456	Unsecured claims	80.00
19. Chk Plus Sys 1 Cupsaw Drive Ringwood, NJ 07456	Unsecured claims	69.00
20. CITIBANK (SOUTH DAKOTA) N.A. PO BOX 390846 MAIL STOP SHTX24 MINNEAPOLIS, MN 55339	Unsecured claims	6,000.00
21. CITY OF CHICAGO DEPARTMENT OF FINANCE 121 N LASALLE ATTEN: BANKRUPTCY DEPT CHICAGO, IL 60601	Unsecured claims	6,991.00
22. CITY COLLEGES OF CHICAGO 226 W JACKSON BLVD ATTN: FINANCE DEPART CHICAGO, IL 60601	Unsecured claims	2,300.00
23. City of Chicago Department of Revenue, Parking Tick 333 S. State Street Chicago, IL 60602	Unsecured claims	7,000.00

In re Jocelyn M. Alamoodi

Case No. _____

Debtor

Numbered Listing of Creditors
(Continuation Sheet)

Creditor name and mailing address	Category of Claim	Amount of Claim
24. CITY OF CHICAGO 121 N LASALLE STREET ROOM 107 CHICAGO, IL 60601	Priority claims	7,000.00
25. CITY OF CHICAGO 111 W JACKSON BLD SUITE 600 Chicago, IL 60604	Priority claims	250.00
26. Client Funding 368 W Huron St #200 Chicago, IL 60601	Unsecured claims Disputed	75,000.00
27. ComEd 3 Lincoln Center Attn: Bkcy Group-Claims Department Oakbrook Terrace, IL 60181	Unsecured claims	700.00
28. Commonwealth Financial 245 Main Street Scranton, PA 18519	Unsecured claims	300.00
29. Commonwealth Financial 245 Main Street Scranton, PA 18519	Unsecured claims	241.00
30. COMPLETE PAYMENT RECOVERY SERVICES 11601 ROOSEVELT BLVD LEGAL DEPT ST PETERSBURG, FL 33716	Unsecured claims Disputed	135.00
31. Credit Coll Po Box 9136 Needham, MA 02494	Unsecured claims	138.00
32. CREDIT UNION 1 450 E 22ND STREET SUITE 250 LOMBARD, IL 60148	Unsecured claims	3,848.44
33. CU RECOVERY INC 26263 FOREST BLVD LEGAL DEPT WYOMING, MN 55092	Unsecured claims	250.00
34. DENTAL WORKS PO BOX 31583 INDEPENDENCE, OH 44131	Unsecured claims	75.00

In re Jocelyn M. Alamoodi

Case No. _____

Debtor

Numbered Listing of Creditors
(Continuation Sheet)

Creditor name and mailing address	Category of Claim	Amount of Claim
35. Department of Education/Sallie Mae P.O.Box 740351 (800) 722-1300 Atlanta, GA 30348	Unsecured claims Disputed	Unknown
36. Department of the Treasury Internal Revenue Service P.O.Box 7346 Philadelphia, PA 19101-7346	Unsecured claims	0.00
37. Dept Of Ed/navient Po Box 9635 Wilkes Barre, PA 18773	Unsecured claims	3,477.00
38. Dept Of Ed/navient Po Box 9635 Wilkes Barre, PA 18773	Unsecured claims	3,199.00
39. Dept Of Ed/navient Po Box 9635 Wilkes Barre, PA 18773	Unsecured claims	3,186.00
40. Dept Of Ed/navient Po Box 9635 Wilkes Barre, PA 18773	Unsecured claims	1,820.00
41. Dept Of Ed/navient Po Box 9635 Wilkes Barre, PA 18773	Unsecured claims	1,817.00
42. Dept Of Ed/navient Po Box 9635 Wilkes Barre, PA 18773	Unsecured claims	1,812.00
43. Dept Of Ed/navient Po Box 9635 Wilkes Barre, PA 18773	Unsecured claims	1,812.00
44. Dept Of Ed/navient Po Box 9635 Wilkes Barre, PA 18773	Unsecured claims	1,425.00
45. Devry Inc 814 Commerce Dr Ste 100 Oak Brook, IL 60523	Unsecured claims	Unknown
46. Devry Inc 814 Commerce Dr Oak Brook, IL 60523	Unsecured claims	500.00

In re **Jocelyn M. Alamoodi**

Case No. _____

Debtor

Numbered Listing of Creditors
(Continuation Sheet)

Creditor name and mailing address	Category of Claim	Amount of Claim
47. Divison of Traffic Safety Accident Records Division 1340 N 9th St Springfield, IL 62766-0001	Unsecured claims	0.00
48. Edelstein & Edelstein 3825 W Montrose (773) 478-0600 Chicago, IL 60618	Unsecured claims	2,377.12
49. Edfinancial/esa 120 N Seven Oaks D Knoxville, TN 37922	Unsecured claims	0.00
50. Edfinancial/esa 120 N Seven Oaks D Knoxville, TN 37922	Unsecured claims	0.00
51. Enhanced Recovery Corp Attention: Client Services 8014 Bayberry Rd Jacksonville, FL 32256	Unsecured claims	796.00
52. Equifax Credit Information Services Bankruptcy Department P.O Box 740241 Atlanta, GA 30374-0241	Unsecured claims	0.00
53. ERC COLLECTION 8014 BAYBERRY ROAD JACKSONVILLE, FL 32256	Unsecured claims	620.55
54. Escallate Llc 5200 Stoneham Rd North Canton, OH 44720	Unsecured claims	599.00
55. Escallate Llc 5200 Stoneham Rd North Canton, OH 44720	Unsecured claims	227.00
56. Escallate Llc 5200 Stoneham Rd North Canton, OH 44720	Unsecured claims	113.00
57. Experian Bankruptcy Dept P.O.Box 2002 Allen, TX 75013	Unsecured claims	0.00
58. Fed Loan Serv Po Box 60610 Harrisburg, PA 17106	Unsecured claims	24,889.00

In re Jocelyn M. Alamoodi

Case No. _____

Debtor

**Numbered Listing of Creditors
(Continuation Sheet)**

Creditor name and mailing address	Category of Claim	Amount of Claim
59. Fed Loan Serv Po Box 60610 Harrisburg, PA 17106	Unsecured claims	3,824.00
60. Fed Loan Serv Po Box 60610 Harrisburg, PA 17106	Unsecured claims	3,104.00
61. Fed Loan Serv Po Box 60610 Harrisburg, PA 17106	Unsecured claims	1,960.00
62. Fed Loan Serv Po Box 60610 Harrisburg, PA 17106	Unsecured claims	0.00
63. Fed Loan Serv Po Box 60610 Harrisburg, PA 17106	Unsecured claims	0.00
64. Fed Loan Serv Po Box 60610 Harrisburg, PA 17106	Unsecured claims	0.00
65. FED LOAN US DEPARTMENT OF EDUCATION PO BOX 530210 ATLANTA, GA 30353	Unsecured claims Disputed	Unknown
66. First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104	Unsecured claims	533.00
67. GENERAL REVENUE CORPORATION PO BOX 49599 STUDENT BILLING CINCINNATI, OH 45249	Unsecured claims	750.00
68. Global Pymt Po Box 61158 Chicago, IL 60666	Unsecured claims	179.00
69. Global Pymt Po Box 61158 Chicago, IL 60666	Unsecured claims	144.00
70. Global Pymt Po Box 61158 Chicago, IL 60666	Unsecured claims	130.00
71. Greentree Po Box 460700 Escondido, CA 92046	Unsecured claims	0.00

In re Jocelyn M. Alamoodi Case No. _____
Debtor

**Numbered Listing of Creditors
(Continuation Sheet)**

Creditor name and mailing address	Category of Claim	Amount of Claim
72. HEALTH LAB 25 NORTH WINFIELD ROAD ATTEN: CENTRAL DUPAGE ACCOUNTS DEPT WINFIELD, IL 60190	Unsecured claims	1,663.75
73. Honor Finance 1731 Central St Evanston, IL 60201	Unsecured claims	6,666.00
74. Honor Finance 1731 Central St Evanston, IL 60201	Unsecured claims	6,666.00
75. Hsbc Bank Po Box 9 Buffalo, NY 14240	Unsecured claims	0.00
76. IL BONE AND JOINT INSTITUTE 5057 PAYSPHERE CIRCLE CHICAGO, IL 60674	Unsecured claims	213.00
77. IL BONE AND JOINT INSTITUTE 5057 PAYSPHERE CIRCLE CHICAGO, IL 60674	Unsecured claims	250.00
78. IL Dept of Human Services 100 South Grand Ave East (800) 843-6154 Springfield, IL 62762	Unsecured claims	0.00
79. IL Dept of Transportation Div of Trans/ Crash Records Section 130 North 9th St Springfield, IL 62766-0020	Unsecured claims	0.00
80. ILLINOIS DEPARTMENT OF REVENUE PO BOX 3044 DEPT HOVS 037 LIVONIA, MI 48151	Unsecured claims Disputed	550.00
81. ILLINOIS DEPARTMENT OF TRANSPORTATION 2300 S DIRKSEN PARKWAY CLAIMS DEPARTMENT SPRINGFIELD, IL 62764	Priority claims	2,100.00
82. Illinois Tollway 2700 Ogden Ave Downers Grove, IL 60515	Unsecured claims	567.00
83. Internal Revenue Service 230 S Dearborn St, Rm 2650 CHI 5115 Chicago, IL 60604-1505	Priority claims Disputed	3,466.00

In re Jocelyn M. Alamoodi, Case No. _____,
Debtor

**Numbered Listing of Creditors
(Continuation Sheet)**

Creditor name and mailing address	Category of Claim	Amount of Claim
84. IRS 9999999 Kansas City, KS 99999	Priority claims Disputed	3,466.00
85. JAMES T. GATELY 8233 W 185TH STREET TINLEY PARK, IL 60487	Unsecured claims	650.00
86. Kindwald Law Office PCX 105 W Madison Suite 1800 (312) 229-1675 Chicago, IL 60602	Unsecured claims	2,164.50
87. KROGER PO BOX 1259 DEPT 86130 OAKS, PA 19456	Unsecured claims	239.96
88. Law Offices of Gregory Oltman 77 W. Jackson #520 (312) 263-7180 for State Farm Chicago, IL 60602	Unsecured claims	3,198.00
89. LIFESTYLE CHIROPRACTIC 1746 EAST 55TH STREET CHICAGO, IL 60615	Unsecured claims	17,500.00
90. Linebarger Goggan Blair & Sampson Attorneys at Law P O Box 06152 Chicago, IL 60606-0152	Unsecured claims	300.00
91. MARKOFF LAW LLC 29 NORTH WACKER DRIVE SUITE 500 Chicago, IL 60606	Unsecured claims Disputed	18,910.02
92. Maximum 12021 S. Harlem Ave PALOS HEIGHTS, IL 60463	Unsecured claims	2,636.00
93. Meade & Assc 737 Enterprise Dr Westerville, OH 43081	Unsecured claims	326.00
94. Meade & Assc 737 Enterprise Dr Westerville, OH 43081	Unsecured claims	171.00
95. Meade & Assc 737 Enterprise Dr Westerville, OH 43081	Unsecured claims	54.00

In re Jocelyn M. Alamoodi

Case No. _____

Debtor

Numbered Listing of Creditors
(Continuation Sheet)

Creditor name and mailing address	Category of Claim	Amount of Claim
96. Meade & Associates 5500 New Albany Rd New Albany, OH 43054	Unsecured claims	326.00
97. Meade & Associates 5500 New Albany Rd New Albany, OH 43054	Unsecured claims	171.00
98. Meade & Associates 5500 New Albany Rd New Albany, OH 43054	Unsecured claims	54.00
99. MERCY MEDICAL CENTER 2525 SOUTH MICHIGAN AVE Chicago, IL 60616	Unsecured claims	150.00
100. Metabank-ultravx Visa 6550 S. Millrock Salt Lake City, UT 84121	Unsecured claims	0.00
101. Midstate Collection So Po Box 3292 Champaign, IL 61826	Unsecured claims	1,517.00
102. MIDSTATE COLLECTIONS PO BOX 3292 C/O PRAIRIE STATE COLLEGE CHAMPAIGN, IL 61826	Unsecured claims	2,000.00
103. Municollofam 3348 Ridge Road Lansing, IL 60438	Unsecured claims	378.00
104. Ndc Ck Svc Po Box 661158 Chicago, IL 60666	Unsecured claims	179.00
105. Ndc Ck Svc Po Box 661158 Chicago, IL 60666	Unsecured claims	144.00
106. Ndc Ck Svc Po Box 661158 Chicago, IL 60666	Unsecured claims	144.00
107. Ndc Ck Svc Po Box 661158 Chicago, IL 60666	Unsecured claims	130.00
108. NEUROLOGY ASSOCIATES LTD PO BOX 1187 HARVEY, IL 60426	Unsecured claims	30.00

In re **Jocelyn M. Alamoodi**

Case No. _____

Debtor

**Numbered Listing of Creditors
(Continuation Sheet)**

Creditor name and mailing address	Category of Claim	Amount of Claim
109. Nicholas Financial Inc 2454 McMullen Booth Bldg Clearwater, FL 33759	Unsecured claims	12,408.16
110. Nicor Gas Bankruptcy Dept POB 2020 Aurora, IL 60507-0310	Unsecured claims	200.00
111. NORTHWESTERN MEDICINE 28155 NETWORK PLACE CHICAGO, IL 60673	Unsecured claims	1,300.00
112. ORCHARD BANK HSBC PO BOX 12914 DISPUTES DEPARTMENT NORFOLK, VA 23502	Unsecured claims Disputed	3,342.11
113. People Gas 200 W Randolph Customer service Chicago, IL 60601	Unsecured claims	600.00
114. Peoples Gas Chicago, IL 60687-0001	Unsecured claims	300.00
115. Portfolio Recovery Ass 287 Independence Virginia Beach, VA 23462	Unsecured claims	10,026.00
116. Portfolio Recovery Ass 287 Independence Virginia Beach, VA 23462	Unsecured claims	3,342.00
117. Portfolio Recovery Ass 287 Independence Virginia Beach, VA 23462	Unsecured claims	443.00
118. Prairie State College 202 S Halsted Atten: Business Office Chicago Heights, IL 60411	Unsecured claims	2,500.00
119. Recovery One Llc 3240 Henderson Rd Columbus, OH 43220	Unsecured claims	307.00
120. ROBERT MORRIS UNIVERSITY 181 MONTOUR RUN ROAD CORAOPOLIS, PA 15108-9408	Unsecured claims	300.00

In re **Jocelyn M. Alamoodi**

Case No. _____

Debtor

Numbered Listing of Creditors
(Continuation Sheet)

Creditor name and mailing address	Category of Claim	Amount of Claim
121. Robert Morris 401 S State St Lbby 140 Chicago, IL 60605	Unsecured claims	0.00
122. Sallie Mae Po Box 9655 Wilkes Barre, PA 18773	Unsecured claims	Unknown
123. Secretary of State Drivers Services Depart, Traffic V 2701 S. Dirksen Pwy Springfield, IL 62723-0001	Unsecured claims	0.00
124. SECRETARY OF STATE 17 N STATE STREET ATTEN: BANKRUPTCY DEPT CHICAGO, IL 60601	Priority claims	2,500.00
125. SLM Entities/gleisi Great Lakes Borrow Services Po Box 7860 Madison, WI 53707	Unsecured claims	0.00
126. SLM Entities/gleisi Great Lakes Borrow Services Po Box 7860 Madison, WI 53707	Unsecured claims	0.00
127. SLM Financial Corp 11100 Usa Pkwy Fishers, IN 46037	Unsecured claims	0.00
128. SLM Financial Corp 11100 Usa Pkwy Fishers, IN 46037	Unsecured claims	0.00
129. SLM Financial Corp 11100 Usa Pkwy Fishers, IN 46037	Unsecured claims	0.00
130. SLM Financial Corp 11100 Usa Pkwy Fishers, IN 46037	Unsecured claims	0.00
131. SLM Financial Corp 11100 Usa Pkwy Fishers, IN 46037	Unsecured claims	0.00
132. SPM CAPITAL LLC 3501 W ALGONQUIN ROAD LEGAL DEPT STE 340 ROLLING MEADOWS, IL 60008	Unsecured claims Disputed	6,800.00

In re Jocelyn M. Alamoodi, Case No. _____
Debtor _____

**Numbered Listing of Creditors
(Continuation Sheet)**

Creditor name and mailing address	Category of Claim	Amount of Claim
133. Sprint nextel 6200 Sprint Pkwy Bankruptcy Department Overland Park, KS 66251	Unsecured claims Disputed	700.00
134. ST MARGARET MERCY HEALTHCARE CENTER 5454 HOHMAN AVE MEDICAL RECORDS / BILLING HAMMOND, IN 46320	Secured claims	4,000.00
135. State of Illinois Dept. Employment Security POBox 4385 Benefit repayments Chicago, IL 60680-4385	Unsecured claims	0.00
136. TransUnion Bankruptcy Department P.O.Box 1000 Chester, PA 19022	Unsecured claims	0.00
137. TRS RECOVERY PO BOX 173809 DENVER, CO 80217	Unsecured claims	346.01
138. UIC Medical Center 1701 W Taylor street Chicago, IL 60629	Unsecured claims	2,500.00
139. UIC Medical Center 1701 W Taylor street Chicago, IL 60629	Unsecured claims	2,500.00
140. UIC MEDICAL CENTER 1801 W TAYLOR MEDICAL RECORDS / BILLING Chicago, IL 60619	Unsecured claims	5,000.00
141. UNEMPLOYMENT SECURITY 33 N STATE STREET CHICAGO, IL 60604	Priority claims Disputed	6,500.00
142. UNEMPLOYMENT SECURITY 33 N STATE STREET CHICAGO, IL 60604	Priority claims Disputed	6,500.00
143. University Of Phoenix 4615 E Elwood St Fl 3 Phoenix, AZ 85040	Unsecured claims	0.00
144. Us Dep Ed Po Box 5609 Greenville, TX 75403	Unsecured claims	0.00

In re Jocelyn M. Alamoodi

Case No. _____

Debtor

**Numbered Listing of Creditors
(Continuation Sheet)**

Creditor name and mailing address	Category of Claim	Amount of Claim
145. Us Dep Ed Po Box 5609 Greenville, TX 75403	Unsecured claims	0.00
146. Us Dep Ed Po Box 5609 Greenville, TX 75403	Unsecured claims	0.00
147. WOMAN TO WOMAN HEALTHCARE 41 EAST 8TH STREET CHICAGO, IL 60601	Unsecured claims	750.00

DECLARATION

I, the above-named Debtor, declare under penalty of perjury that I have read the foregoing Numbered Listing of Creditors and that it is true and correct to the best of my information and belief.


Jocelyn M. Alamoodi (Aug 21, 2015)

Date August 21, 2015

Signature /s/ Jocelyn M. Alamoodi

Jocelyn M. Alamoodi
Debtor

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C §§ 152 and 3571.*

5TH DISTRICT MUNICIPAL COURT-BRIDGEVIEW
10220 S 76TH AVE
ATTEN: TRAFFIC DIVISION
BRIDGEVIEW, IL 60455

AESTHETIC DERMATOLOGY
1009 WEST FULTON MARKET
CHICAGO, IL 60607

American Collection Systems
811 Green Crest Dr
Suite 100
Westerville, OH 43081

AMERICAN MEDICAL COLLECTION
PO BOX 1235
ELMSFORD, NY 10523

AMERICAN MEDICAL COLLECTION AGENCY
PO BOX 1235
ELMSFORD, NY 10523-0935

AMERICAN MEDICAL COLLECTION AGENCY
4 WESTCHESTER PLAZA
SUITE 110
ELMSFORD, NY 10523

AMERICAN MEDICAL COLLECTION AGENCY
PO BOX 1235
ELMSFORD, NY 10523

AMERICASH LOANS
105 W MADISON
CHICAGO, IL 60602

Atg Credit
1700 W Cortland St Ste 2
Chicago, IL 60622

Capital One
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130

Capital One
virgina
Virginga Beach, VA 75621

Certified Services Inc
1733 Washington St Ste 2
Waukegan, IL 60085

CERTIFIED SERVICES INC
PO BOX 177
WAUKEGAN, IL 60079

CHICAGO CHIROPRACTIC CENTER
30 SOUTH MICHIGAN AVE
SUITE 400
CHICAGO, IL 60603

Chk Plus Sys
1 Cupsaw Drive
Ringwood, NJ 07456

CITIBANK (SOUTH DAKOTA) N.A.
PO BOX 390846
MAIL STOP SHTX24
MINNEAPOLIS, MN 55339

CITY OF CHICAGO DEPARTMENT OF FINANCE
121 N LASALLE
ATTEN: BANKRUPTCY DEPT
CHICAGO, IL 60601

CITY COLLEGES OF CHICAGO
226 W JACKSON BLVD
ATTN: FINANCE DEPART
CHICAGO, IL 60601

City of Chicago
Department of Revenue, Parking Tick
333 S. State Street
Chicago, IL 60602

CITY OF CHICAGO
121 N LASALLE STREET
ROOM 107
CHICAGO, IL 60601

CITY OF CHICAGO
111 W JACKSON BLD
SUITE 600
Chicago, IL 60604

City of Chicago
Department of Revenue
POBox 88292
Chicago, IL 60680-1292

Client Funding
368 W Huron St
#200
Chicago, IL 60601

ComEd
3 Lincoln Center
Attn: Bkcy Group-Claims Department
Oakbrook Terrace, IL 60181

Commonwealth Financial
245 Main Street
Scranton, PA 18519

COMPLETE PAYMENT RECOVERY SERVICES
11601 ROOSEVELT BLVD
LEGAL DEPT
ST PETERSBURG, FL 33716

Credit Coll
Po Box 9136
Needham, MA 02494

CREDIT UNION 1
450 E 22ND STREET
SUITE 250
LOMBARD, IL 60148

CU RECOVERY INC
26263 FOREST BLVD
LEGAL DEPT
WYOMING, MN 55092

DENTAL WORKS
PO BOX 31583
INDEPENDENCE, OH 44131

Department of Education/Sallie Mae
P.O.Box 740351
(800) 722-1300
Atlanta, GA 30348

Department of the Treasury
Internal Revenue Service
P.O.Box 7346
Philadelphia, PA 19101-7346

Dept Of Ed/navient
Po Box 9635
Wilkes Barre, PA 18773

Devry Inc
814 Commerce Dr Ste 100
Oak Brook, IL 60523

Devry Inc
814 Commerce Dr
Oak Brook, IL 60523

Divison of Traffic Safety
Accident Records Division
1340 N 9th St
Springfield, IL 62766-0001

Edelstein & Edelstein
3825 W Montrose
(773) 478-0600
Chicago, IL 60618

Edfinancial/esa
120 N Seven Oaks D
Knoxville, TN 37922

Enhanced Recovery Corp
Attention: Client Services
8014 Bayberry Rd
Jacksonville, FL 32256

Equifax Credit Information Services
Bankruptcy Department
P.O Box 740241
Atlanta, GA 30374-0241

ERC COLLECTION
8014 BAYBERRY ROAD
JACKSONVILLE, FL 32256

Escallate Llc
5200 Stoneham Rd
North Canton, OH 44720

Experian
Bankruptcy Dept
P.O.Box 2002
Allen, TX 75013

Fed Loan Serv
Po Box 60610
Harrisburg, PA 17106

FED LOAN US DEPARTMENT OF EDUCATION
PO BOX 530210
ATLANTA, GA 30353

First Premier Bank
601 S Minnesota Ave
Sioux Falls, SD 57104

GENERAL REVENUE CORPORATION
PO BOX 49599
STUDENT BILLING
CINCINNATI, OH 45249

Global Pymt
Po Box 61158
Chicago, IL 60666

Greentree
Po Box 460700
Escondido, CA 92046

Harris & Harris
600 W Jackson Blvd, Suite 400
Chicago, IL 60661

Harris & Harris
222 Merchandise Mart Plaza
Suite 1900
Chicago, IL 60654

HEALTH LAB
25 NORTH WINFIELD ROAD
ATTEN: CENTRAL DUPAGE ACCOUNTS DEPT
WINFIELD, IL 60190

Honor Finance
1731 Central St
Evanston, IL 60201

Hsbc Bank
Po Box 9
Buffalo, NY 14240

IL BONE AND JOINT INSTITUTE
5057 PAYSPHERE CIRCLE
CHICAGO, IL 60674

IL Dept of Human Services
100 South Grand Ave East
(800) 843-6154
Springfield, IL 62762

IL Dept of Human Services
401 S. Clinton Street
(800) 843-6154
Chicago, IL 60607

IL Dept of Transportation
Div of Trans/ Crash Records Section
130 North 9th St
Springfield, IL 62766-0020

ILLINOIS DEPARTMENT OF REVENUE
PO BOX 3044
DEPT HOVS 037
LIVONIA, MI 48151

ILLINOIS DEPARTMENT OF TRANSPORTATION
2300 S DIRKSEN PARKWAY
CLAIMS DEPARTMENT
SPRINGFIELD, IL 62764

Illinois Tollway
2700 Ogden Ave
Downers Grove, IL 60515

Internal Revenue Service
230 S Dearborn St,
Rm 2650 CHI 5115
Chicago, IL 60604-1505

IRS
9999999
Kansas City, KS 99999

JAMES T. GATELY
8233 W 185TH STREET
TINLEY PARK, IL 60487

Julianna Robertson, Esq
7915 S Emerson B230
for Nicholas Financial
Indianapolis, IN 46237

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OAKS, PA 19456

Landlord

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77 W. Jackson #520
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CHICAGO, IL 60615

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SUITE 500
Chicago, IL 60606

Maximum
12021 S. Harlem Ave
PALOS HEIGHTS, IL 60463

Meade & Assc
737 Enterprise Dr
Westerville, OH 43081

Meade & Associates
5500 New Albany Rd
New Albany, OH 43054

MERCY MEDICAL CENTER
2525 SOUTH MICHIGAN AVE
Chicago, IL 60616

Metabank-ultravx Visa
6550 S. Millrock
Salt Lake City, UT 84121

Midstate Collection So
Po Box 3292
Champaign, IL 61826

MIDSTATE COLLECTIONS
PO BOX 3292
C/O PRAIRIE STATE COLLEGE
CHAMPAIGN, IL 61826

Municollofam
3348 Ridge Road
Lansing, IL 60438

Ndc Ck Svc
Po Box 661158
Chicago, IL 60666

NEUROLOGY ASSOCIATES LTD
PO BOX 1187
HARVEY, IL 60426

Nicholas Financial Inc
2454 McMullen Booth Bldg
Clearwater, FL 33759

Nicor Gas
Bankruptcy Dept
POB 2020
Aurora, IL 60507-0310

NORTHWESTERN MEDICINE
28155 NETWORK PLACE
CHICAGO, IL 60673

ORCHARD BANK HSBC
PO BOX 12914
DISPUTES DEPARTMENT
NORFOLK, VA 23502

People Gas
200 W Randolph
Customer service
Chicago, IL 60601

Peoples Gas
Chicago, IL 60687-0001

Portfolio Recovery Ass
287 Independence
Virginia Beach, VA 23462

Prairie State College
202 S Halsted
Atten: Business Office
Chicago Heights, IL 60411

Recovery One Llc
3240 Henderson Rd
Columbus, OH 43220

ROBERT MORRIS UNIVERSITY
181 MONTOUR RUN ROAD
CORAOPOLIS, PA 15108-9408

Robert Morrs
401 S State St Lobby 140
Chicago, IL 60605

Sallie Mae
Po Box 9655
Wilkes Barre, PA 18773

Secretary of State
Drivers Services Depart, Traffic V
2701 S. Dirksen Pwy
Springfield, IL 62723-0001

SECRETARY OF STATE
17 N STATE STREET
ATTEN: BANKRUPTCY DEPT
CHICAGO, IL 60601

Slm Entities/glelsi
Great Lakes Borrow Services
Po Box 7860
Madison, WI 53707

Slm Financial Corp
11100 Usa Pkwy
Fishers, IN 46037

SPM CAPITAL LLC
3501 W ALGONQUIN ROAD
LEGAL DEPT STE 340
ROLLING MEADOWS, IL 60008

Sprint nextel
6200 Sprint Pkwy
Bankruptcy Department
Overland Park, KS 66251

ST MARGARET MERCY HEALTHCARE CENTERS
5454 HOHMAN AVE
MEDICAL RECORDS / BILLING
HAMMOND, IN 46320

State of Illinois
Dept. Employment Security
POBox 4385 Benefit repayments
Chicago, IL 60680-4385

TransUnion
Bankruptcy Department
P.O.Box 1000
Chester, PA 19022

TRS RECOVERY
PO BOX 173809
DENVER, CO 80217

UIC Medical Center
1701 W Taylor street
Chicago, IL 60629

UIC MEDICAL CENTER
1801 W TAYLOR
MEDICAL RECORDS / BILLING
Chicago, IL 60619

UNEMPLOYMENT SECURITY
33 N STATE STREET
CHICAGO, IL 60604

University Of Phoenix
4615 E Elwood St Fl 3
Phoenix, AZ 85040

Us Dep Ed
Po Box 5609
Greenville, TX 75403

WOMAN TO WOMAN HEALTHCARE
41 EAST 8TH STREET
CHICAGO, IL 60601